

PATENT NUMBER

1

## U.S. UTILITY PATENT APPLICATION

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| DISEASE O.I.P.E.<br>SCANNED <u>TM 2</u> O.A. <u>RG</u> |  | PATENT DATE: |  |
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|--------|-------|----------|----------|-----------------|
| SECTOR | CLASS | SUBCLASS | ART UNIT | EXAMINER        |
|        | 442   | 327      | 1771     | PRATT<br>QUALLS |

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**PREPARED AND APPROVED FOR ISSUE**

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                       |           | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg                           | Figs Drwg | Print Fig                         | Total Claims |
| <input checked="" type="checkbox"/> (a) The term of this patent subsequent to _____ (date) has been disclaimed.   | _____<br>(Assistant Examiner)         |           | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
| <input type="checkbox"/> (b) The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____.  | _____<br>(Primary Examiner)           |           | <b>ISSUE FEE</b>                  |              |
|   | _____<br>(Date)                       |           | Amount Due                        | Date Paid    |
| <input type="checkbox"/> (c) The terminal _____ months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) |           | <b>ISSUE BATCH NUMBER</b>         |              |
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